

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000014261

FILED
Apr 16, 2012
Secretary of State

Entity Name: THE ADAM ROBINSON TEAM, LLC

Current Principal Place of Business:

5039 OCEAN BLVD.
SARASOTA, FL 34242

New Principal Place of Business:

5700 MIDNIGHT PASS RD #1
SARASOTA, FL 34242

Current Mailing Address:

5039 OCEAN BLVD.
SARASOTA, FL 34242

New Mailing Address:

5700 MIDNIGHT PASS RD #1
SARASOTA, FL 34242

FEI Number: 20-0766645

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBINSON, ADAM
5039 OCEAN BLVD.
SARASOTA, FL 34242 US

Name and Address of New Registered Agent:

ROBINSON, ADAM
5700 MIDNIGHT PASS RD #1
SARASOTA, FL 34242 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

04/16/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: ROBINSON, ADAM
Address: 5700 MIDNIGHT PASS RD #1
City-St-Zip: SARASOTA, FL 34242

Title: SECR
Name: MANVILLE, CAROL
Address: 5700 MIDNIGHT PASS RD #1
City-St-Zip: SARASOTA, FL 34242

Title: PRES
Name: ROBINSON, ADAM S
Address: 5700 MIDNIGHT PASS RD #1
City-St-Zip: SARASOTA, FL 34242

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ADAM ROBINSON

MGRM

04/16/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date